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SERIAL NUMBER 10/811,368	FILING OR 371(c) DATE 03/26/2004 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 82001-1080
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/458,480 03/28/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 06/18/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 34	TOTAL CLAIMS 135	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met. after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

24504

TITLE

Application of neuro-ocular waveform data in vision correction

FILING FEE RECEIVED 2259	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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